

**SCHEDULE H
(Form 990)**Department of the Treasury
Internal Revenue Service**Hospitals**

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
► **Attach to Form 990.**
► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

HUNTINGTON MEMORIAL HOSPITAL, INC.

Employer identification number

35-1970706

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			953,620.		953,620.	1.79%
b Medicaid (from Worksheet 3, column a)			7227185.	4813251.	2413934.	4.54%
c Costs of other means-tested government programs (from Worksheet 3, column b)			7734390.	6542907.	1191483.	2.24%
d Total. Financial Assistance and Means-Tested Government Programs			15915195.	11356158.	4559037.	8.57%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			176,119.		176,119.	.33%
f Health professions education (from Worksheet 5)			109,469.		109,469.	.21%
g Subsidized health services (from Worksheet 6)			9442482.	6001035.	3441447.	6.47%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			84,403.		84,403.	.16%
j Total. Other Benefits			9812473.	6001035.	3811438.	7.17%
k Total. Add lines 7d and 7j			25727668.	17357193.	8370475.	15.74%

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group HUNTINGTON MEMORIAL HOSPITAL, INC.Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group **HUNTINGTON MEMORIAL HOSPITAL, INC.**

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group HUNTINGTON MEMORIAL HOSPITAL, INC.

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group HUNTINGTON MEMORIAL HOSPITAL, INC.

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 5: DESCRIBE HOW THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, AND IDENTIFY THE PERSONS THE HOSPITAL FACILITY CONSULTED:

WHEN CONDUCTING ITS 2019 CHNA, PARKVIEW HEALTH SYSTEM, INC. - INCLUDING HUNTINGTON MEMORIAL HOSPITAL, INC., AND THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IN-PHC) RESEARCH TEAM -- WERE DILIGENT IN ENSURING THAT THE INPUT OF PERSONS REPRESENTING THE BROADER INTERESTS OF THE COMMUNITY'S VULNERABLE POPULATIONS WAS CONSIDERED.

IN GATHERING QUALITATIVE COMMUNITY INPUT, PARKVIEW HEALTH SYSTEM, INC. - INCLUDING HUNTINGTON MEMORIAL HOSPITAL, INC., AND ITS RESEARCH PARTNERS - OBTAINED THE FOLLOWING: 1) PRIMARY DATA OBTAINED THROUGH AN ONLINE SURVEY OF PARKVIEW HEALTHCARE PROVIDERS (E.G., PHYSICIANS, NURSES, SOCIAL WORKERS, ETC.) AND A SURVEY OF THE COMMUNITY RESIDENTS IN EACH PARKVIEW HEALTH COUNTY, AND 2) SECONDARY DATA FROM CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATABASE AND OTHER LOCAL AND NATIONAL AGENCIES (E.G., COUNTY HEALTH RANKINGS, ETC.).

HUNTINGTON COUNTY HAD THE SECOND HIGHEST RATE OF PARTICIPATION AMONG THE SEVEN COUNTIES SURVEYED ONLINE. ALL MEMBERS OF THE HEALTH & WELLNESS COALITION OF HUNTINGTON COUNTY WERE INVITED TO TAKE PART. MANY OF THESE PARTNERS WORK WITH INDIVIDUALS AND GROUPS IN THE AREAS IDENTIFIED AS THE TOP TWO COMMUNITY HEALTH ISSUES OF GREATEST CONCERN BY PROVIDERS AND THE TOP TWO SOCIAL SERVICE NEEDS BASED ON COMMUNITY PERCEPTION: SUBSTANCE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ABUSE AND MENTAL HEALTH. THE POPULATION SUFFERING FROM MENTAL ILLNESS IS OUR MEDICALLY UNDERSERVED AND MOST VULNERABLE IN HUNTINGTON COUNTY.

IN ADDITION TO DATA COLLECTION, HUNTINGTON MEMORIAL HOSPITAL, INC., TURNED TO THE COMMUNITY AND PARTNERING ORGANIZATIONS WHEN SELECTING AND PRIORITIZING HUNTINGTON COUNTY'S HEALTH NEEDS. IN DOING SO, A MODIFIED HANLON METHOD PRIORITIZED HEALTH CONCERNS FOR PARKVIEW HEALTH HOSPITAL COMMUNITIES. THIS METHOD, ALSO KNOWN AS THE BASIC PRIORITY RATING SYSTEM (BPRS) 2.0, IS RECOMMENDED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) FOR PRIORITIZING COMMUNITY HEALTH NEEDS (GUIDE-TO-PRIORITIZATION-TECHNIQUES.PDF, N.D.). ALTHOUGH COMPLEX TO IMPLEMENT, IT IS USEFUL WHEN THE DESIRED OUTCOME IS AN OBJECTIVELY SELECTED LIST. EXPLICIT IDENTIFICATION OF FACTORS MUST BE CONSIDERED TO SET PRIORITIES, WHICH ENABLES A TRANSPARENT AND REPLICABLE PROCESS. PRIORITY SCORES ARE CALCULATED BASED ON THE SIZE OF THE HEALTH PROBLEM, SERIOUSNESS OF THE HEALTH PROBLEM AND THE AVAILABILITY OF EFFECTIVE HEALTH INTERVENTIONS.

THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES PRESENTED AN OVERVIEW OF THE REGIONAL CHNA FINDINGS ON JULY 16, 2019, TO ATTENDEES REPRESENTING THE PARKVIEW HEALTH SYSTEM. IN TOTAL, MORE THAN 60 INDIVIDUALS PARTICIPATED IN THE PRIORITIZATION PROCESS, INCLUDING REPRESENTATIVES FROM HOSPITAL SERVICE LINES, COMMUNITY HOSPITALS, HEALTHCARE PROVIDERS/PHYSICIANS, EXECUTIVE LEADERSHIP TEAM, COMMUNITY HEALTH AND HOSPITAL BOARDS OF DIRECTORS. AFTER A THOROUGH REVIEW OF THE DATA AND CONSIDERABLE DISCUSSION, THE GROUP USED AN ELECTRONIC VOTING SYSTEM TO RANK THE VARIOUS HEALTH NEEDS IDENTIFIED IN THE CHNA. ULTIMATELY, THE GROUP VOTED ON

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SUBSTANCE USE DISORDER/MENTAL HEALTH, AS THE SHARED HEALTH PRIORITY ACROSS THE HEALTH SYSTEM.

AS A CONTINUATION OF THE PRIORITIZATION PROCESS, HUNTINGTON MEMORIAL HOSPITAL, INC.'S BOARD OF DIRECTORS MET ON AUGUST 18, 2019, AND DISCUSSED THE RESULTS OF THE CHNA. AFTER A THOUGHTFUL REVIEW OF THE DATA AND EXTENSIVE DISCUSSION, THE BOARD CHOSE TO CONTINUE TO SUPPORT THE PRIOR WORK RELATED TO OBESITY AND SUBSTANCE ABUSE DISORDER IN ADDITION TO ADOPTING THE SHARED HEALTH PRIORITY OF MENTAL HEALTH. OUR HOSPITAL'S PRIORITIES WERE DISCUSSED WITH THE HUNTINGTON COUNTY HEALTH & WELLNESS COALITION ON SEPTEMBER 17, 2019.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES:

PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823).

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 6B: THE HOSPITAL FACILITY'S CHNA WAS ALSO CONDUCTED WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARKVIEW HEALTH SYSTEM, INC. (EIN 35-1972384): INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (A PARTNERSHIP BETWEEN THE INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH AND THE POLIS CENTER AT IUPUI) AND CONDUENT HEALTHY COMMUNITIES INSTITUTE.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 11: DESCRIBE HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA AND ANY SUCH NEEDS THAT ARE NOT BEING ADDRESSED TOGETHER WITH THE REASONS WHY SUCH NEEDS ARE NOT BEING ADDRESSED:

SIGNIFICANT HEALTH NEEDS BEING ADDRESSED:

OBESITY, HAVING A BODY MASS INDEX (BMI) GREATER THAN 30.0 KG/M, AFFECTS ALL AGE GROUPS. ELEVATED BMI AFFECTS PEOPLE OF DIFFERENT SOCIOECONOMIC STATUSES AND RACIAL/ETHNIC GROUPS DISPROPORTIONATELY. MANY COMPLICATIONS CAN OCCUR AS A DIRECT OR INDIRECT RESULT OF OBESITY. INDIANA'S ADULT OBESITY RATE IS THE 5TH HIGHEST IN THE NATION AT 36.8 PERCENT. FOR CHILDREN AGES 10 TO 17, 15.6 PERCENT ARE CONSIDERED OBESE, PUTTING INDIANA IN 24TH PLACE.

IN COLLABORATION WITH OTHER COMMUNITY LEADERS, HUNTINGTON MEMORIAL HOSPITAL, INC.'S ACTIONS ARE TO SUPPORT THE FURTHER DEVELOPMENT OF HEALTHY LIFESTYLE CHOICES AMONG RESIDENTS OF HUNTINGTON COUNTY. THE CONTINUED STRATEGIC GOAL OF THE OBESITY INITIATIVE IS TO INCREASE ACCESS TO NUTRITIOUS FOOD AND PHYSICAL ACTIVITY IN HUNTINGTON COUNTY WITH THE SMART

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OBJECTIVE OF IMPROVING KNOWLEDGE AND BEHAVIOR RELATED TO NUTRITION AND ACTIVITY IN 100 PERCENT OF PROGRAM PARTICIPANTS. THE ANTICIPATED IMPACT IS REDUCTION OF THE OBESITY RATE AND THE CORRESPONDING CHRONIC DISEASES THAT GO HAND IN HAND WITH OBESITY.

FUNDED PARTNERS HAVE PARTICIPATED IN VARIOUS ENDEAVORS TO PROMOTE HEALTHY LIVING AND THUS PREVENT OR TREAT OBESITY ACROSS THE LIFESPAN.

ALL AGES HAVE BENEFITED FROM THE SUPPORTED COMMUNITY GARDEN. OVER 35% OF THE GARDEN'S VISITORS INDICATE THEY CONSUME MORE FRUIT AND VEGETABLES BECAUSE OF THE GARDEN. FIFTY-EIGHT OF 140 VISITS TO THE GARDEN THIS YEAR WERE FIRST TIME VISITORS. VOLUNTEERS LOGGED MORE THAN 125 HOURS OF COMMUNITY SERVICE AT THE GARDEN INCLUDING 21 HOURS COMPLETED BY YOUTH. THE GARDEN IN ADDITION CONTINUED TO PROVIDE A SPACE FOR HEALTHY OUTDOOR FAMILY FRIENDLY ACTIVITIES TWICE A MONTH DURING THE GROWING AND HARVESTING SEASON.

MONTHLY SUPPORTED COOKING CLASSES HISTORICALLY REACHING AN AVERAGE OF 15 INDIVIDUALS AT A LOCAL FOOD PANTRY ENCOURAGE LEARNING TO PREPARE HEALTHY AND BUDGET FRIENDLY MEALS AT HOME OFTEN UTILIZING FOOD OFFERINGS FROM THE PANTRY AND THE COMMUNITY GARDEN WERE POSTPONED AGAIN IN 2021 DUE TO COVID RESTRICTIONS AND THE FOOD PANTRY'S RENOVATION. INSTEAD, HUNTINGTON NORTH HIGH SCHOOL'S PRE-EMPLOYMENT TRANSITION CLASS UTILIZED LOVE'S KITCHEN TO HOST WEEKLY CLASSES THAT INCLUDE COOKING AND NUTRITION. FOUR TO 10 STUDENTS PARTICIPATED, AND ALL REPORTED TRYING NEW FRUIT AND VEGETABLES. LOVE CONTINUED TO PROVIDE SUPPLEMENTAL NUTRITION INFORMATION AND RECIPES TO THOSE THAT UTILIZE THE FOOD IN LIEU OF IN-PERSON COOKING CLASSES. THEY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

UTILIZED A VERBAL SURVEY AGAIN TO MINIMIZE CONTACT WITH THE PUBLIC.

NINETY PERCENT REPORTED RECEIVING NUTRITION INFORMATION AND RECIPES WHEN PICKING UP THEIR FOOD, UP ABOUT 21% FROM LAST YEAR. ABOUT 89% REPORTED USING THE INFORMATION, AND 67% TRIED THE RECIPES THEY RECEIVED.

COOKING CLASSES AT THE BOWEN CENTER WERE NOT HELD AGAIN IN 2021 PER COVID AND FUNDS WILL BE HELD IN HOPES OF RESUMING IN 2022.

A TOTAL OF 18 "SIMPLE AND HEALTHY" COOKING CLASSES WERE ABLE TO BE OFFERED IN 2021 REACHING 155 PARTICIPANTS. EIGHTY PERCENT OF PARTICIPANTS INDICATED THEY UNDERSTAND HOW THEIR FOOD CHOICES AFFECT THEIR HEALTH BECAUSE OF THE PROGRAM. EIGHTY PERCENT ALSO KNOW HOW TO FOLLOW SAFE FOOD HANDLING PRACTICES AND 96 PERCENT PLAN TO FOLLOW THOSE PRACTICES. SEVENTY-NINE PERCENT KNOW HOW TO MAKE CHANGES THAT WILL IMPROVE THEIR PHYSICAL HEALTH. NINETY-TWO PERCENT PLAN TO MAKE SMALL CHANGES TO BUILD THEIR HEALTHY EATING STYLE INCLUDING 85 PERCENT WHO AIM TO FOLLOW A HEALTHY EATING PATTERN. NINETY-THREE PERCENT INTEND TO MAKE A CHANGE TO IMPROVE THEIR OVERALL HEALTH. ONE PARTICIPANT WAS QUOTED, "I WILL BE LOOKING MUCH MORE DEEPLY INTO WHAT I PUT INTO MY BODY SO I CAN GET OUT OF IT WHAT I NEED TO GET."

AN AVERAGE OF 1308 INDIVIDUALS MONTHLY BENEFITED FROM THE YEAR-ROUND PRODUCE OPTION PROVIDED THROUGH LOVE, INC. WHICH IS ABOUT 333 LESS THAN THE MONTHLY AVERAGE IN 2020, BUT 240 MORE PEOPLE THAN IN 2019.

DINING WITH DIABETES IN PARTNERSHIP WITH PURDUE EXTENSION WAS ABLE TO OFFER ONE SERIES OF FOUR CLASSES AT A LOCAL SENIOR LIVING COMMUNITY. THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COURSE HAD FIVE PARTICIPANTS. ONE HUNDRED PERCENT OF ATTENDEES ADOPTED ONE OR MORE PRACTICES TO IMPROVE FOOD CHOICES AND/OR ACTIVITY LEVELS THREE MONTHS FOLLOWING THE PROGRAM. EVERYONE COULD ALSO VERBALIZE AT LEAST ONE NEW THING THEY LEARNED DURING THE SERIES WITH REGARDS TO THE RELATIONSHIP BETWEEN NUTRITION AND HEALTH. DINING WITH DIABETES WAS UNABLE TO BE FACILITATED THE LAST HALF OF THE YEAR DUE TO SCHEDULING CONFLICTS AND COVID RESTRICTIONS.

BLESSINGS IN A BACKPACK IS WORKING AT COMBATING FOOD INSECURITY BY FEEDING, ON AVERAGE, 391 ELEMENTARY STUDENTS WEEKLY THROUGHOUT 2021 (UP FROM 20 CHILDREN IN 2011 AND 376 DURING 2020). SURVEYS INDICATED THAT 58 PERCENT OF TEACHERS FELT FOOD PROVIDED HELPS CHILDREN IMPROVE IN THE CLASSROOM. THOSE TEACHERS THAT COULD NOT CONFIRM AN IMPROVEMENT STATED THE PROGRAM THOUGH IS A CRITICAL NEED FOR STUDENTS, SO THEY DO NOT GO HUNGRY. THE STUDENT SURVEY SHOWED STUDENTS ENJOY THE FOOD PROVIDED AND SHARE WITH THEIR FAMILY.

PARKVIEW HUNTINGTON FAMILY YMCA YOUTH MEMBERSHIPS WERE PROVIDED TO 98 STUDENTS (UP FROM 86 STUDENTS IN 2020) OR 8.2 PERCENT OF HUNTINGTON COUNTY YOUTH IN GRADES 6-8TH (AN ADDITIONAL 50.2 PERCENT STUDENTS ALREADY HAD MEMBERSHIPS). MORE THAN 82 PERCENT OF THOSE THAT WERE AWARDED MEMBERSHIPS CHECKED IN ON AVERAGE TWO DAYS PER WEEK FOR A TOTAL OF 1517 VISITS TO THE YMCA DURING 2021. THE YMCA HAD HOPED 10 PERCENT OF THIS AGE GROUP WOULD PARTICIPATE IN A YMCA AFTER-SCHOOL PROGRAM AND THIS WAS EXCEEDED WITH ABOUT 25 PERCENT DOING SO.

PARKVIEW BOYS & GIRLS CLUB OF HUNTINGTON COUNTY HAD 36 CLUB MEMBERS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARTICIPATED IN THE SUMMER COOKING CLUB BETWEEN THE HUNTINGTON AND WARREN SITES IN JUNE OF 2021 IN WHICH THEY LEARNED TO MAKE HEALTHY SNACKS AND DINNERS FIVE DAYS A WEEK FOR GRADES K-5TH. THE SMART GIRLS AND G2M MALE PROGRAMS REACHED GRADE LEVELS 6-12TH FOR TWO HOURS PER WEEK FOR EIGHT WEEKS ALSO WITH A FOCUS ON HEALTHY MEALS AND SNACKS. ONE HUNDRED AND FIFTY-EIGHT MEMBERS (ABOUT 70 PERCENT OF THE AVERAGE NUMBER OF DAILY CLUB MEMBERS) PARTICIPATED IN 60 MINUTES OF PHYSICAL ACTIVITY THREE DAYS PER WEEK, AND 32 GIRLS (UP FROM 20 GIRLS IN 2020) PARTICIPATED IN DANCE CLUB WHICH MEETS FOR AN HOUR A DAY, THREE DAYS PER WEEK.

THE HOSPITAL'S "MY WELL-BEING" COMMITTEE PROVIDES RESOURCES FOR CO-WORKERS TO ENABLE THEM TO BE GOOD EXAMPLES FOR THE REST OF THE COMMUNITY.

IN COLLABORATION WITH OTHER COMMUNITY LEADERS, HUNTINGTON MEMORIAL HOSPITAL, INC.'S OTHER VAST PRIORITY OF SUBSTANCE USE DISORDER/MENTAL HEALTH GOAL IS TO ADDRESS SUBSTANCE ABUSE AND BREAK THE STIGMA OF MENTAL HEALTH IN HUNTINGTON COUNTY WITH THE SMART OBJECTIVE OF IMPROVING KNOWLEDGE AND/OR BEHAVIOR RELATED TO SUBSTANCE ABUSE AND MENTAL HEALTH IN 100 PERCENT OF PROGRAM PARTICIPANTS. ANTICIPATED IMPACT IS THE IMPROVED PHYSICAL, MENTAL, AND FINANCIAL WELL-BEING OF AREA RESIDENTS.

PARTNERS ARE WORKING TO PREVENT AND TREAT ADDICTION AT ALL AGES. THROUGH YOUTH SERVICES BUREAU OF HUNTINGTON COUNTY 100 PERCENT OF 79 ADULTS AND 289 SEVENTH GRADERS WHO PARTICIPATED IN A SUICIDE PREVENTION PROGRAM DEMONSTRATED AN INCREASE IN KNOWLEDGE. IN ADDITION, FOUR COMMUNITY EVENTS WERE HELD IN WHICH 117 ADULTS PARTICIPATED AND A TOTAL OF 1755 SUICIDE PREVENTION INFORMATIONAL CARDS WERE DISTRIBUTED. THE CRISIS PHONE LINE WAS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

STAFFED 24/7 IN 2021, AND YOUTH WERE PROVIDED WITH IMMEDIATE CRISIS INTERVENTION AS NEEDED (51 UTILIZED THE COMMUNITY PROTOCOL WITH 100 PERCENT HAVING A SAFETY PLAN IN PLACE).

THIRTY-SEVEN PARKVIEW BOYS & GIRLS CLUB MEMBERS BETWEEN THE AGES OF 6 AND 12 FINISHED AN EVIDENCE-BASED LIFE SKILLS PROGRAM IN WHICH 89 PERCENT STATED, "MOST DAYS, I AM PROUD OF THE WAY I AM LIVING MY LIFE." FIRST THROUGH FIFTH GRADERS PARTICIPATED IN A SIMILAR PROGRAM, 91 OUT OF 102 PARTICIPANTS REPLIED AGREE OR STRONGLY AGREE TO THE STATEMENT "UNDERSTANDING WHO YOU ARE AND STANDING UP FOR WHAT YOU BELIEVE, MEANS THAT YOU HAVE STRONG SELF-ESTEEM."

(SEE PART V, SECTION B, LINE 11 CONT'D: FOR CONTINUATION OF NARRATIVE)

HUNTINGTON MEMORIAL HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

HUNTINGTON MEMORIAL HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

HUNTINGTON MEMORIAL HOSPITAL, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 3E:

THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE
SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE
CHNA.

PART V, SECTION B, LINE 11 CONT'D:

THE WALK AWAY PROGRAM AT THE HIGH SCHOOL WAS DESIGNED THREE YEARS AGO
FOR THOSE WANTING TO "WALK AWAY" FROM ANXIETY, DEPRESSION, EXTRA
WEIGHT, SCHOOL AND HOME DRAMA. IN 2021 THE PROGRAM WAS EXTENDED TO ONE
OF THE MIDDLE SCHOOLS WHICH WILL CREATE A CONTINUITY AS THOSE STUDENTS
IN 8TH GRADE WILL FIND A HOME IN THE HIGH SCHOOL PROGRAM. PARTICIPANTS
WERE ABLE TO MEET EVERY WEEK SCHOOL WAS IN SESSION DURING 2021. THREE
STUDENTS ATTENDED FAITHFULLY AND AN ADDITIONAL THREE CAME ON A
SEMI-REGULAR BASIS. PURDUE EXTENSION EMPLOYEES CONTINUE TO WALK AND ARE
MENTORS TO THE STUDENTS. AS A RESULT OF A REFERRAL MADE TO A SCHOOL
COUNSELOR BASED ON INFORMATION SHARED DURING A WALKING SESSION, ONE OF
THE STUDENTS WAS ABLE TO CONNECT WITH COUNSELING SERVICES THROUGH THE
BOWEN CENTER AND RESTART MEDICATION THEY HAD PREVIOUSLY STOPPED TAKING.

PLACE OF GRACE TRANSITIONAL HOME SERVES WOMEN REENTERING THE COMMUNITY
AFTER INCARCERATION. NINETY-SIX PERCENT OF GRADUATES WERE GAINFULLY
EMPLOYED BY GRADUATION, AND 100 PERCENT SINCE 2020 REPORTED AN INCREASE
IN KNOWLEDGE OF COMMUNITY RESOURCES AND AN INCREASE IN SELF-ESTEEM
BECAUSE OF PROGRAMING OFFERED.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DUE TO COVID THE BOWEN CENTER WAS UNABLE TO GO INTO THE JAIL THE FIRST HALF OF THE YEAR. THIRTY MORAL RECONATION THERAPY (MRT) WORKBOOKS WERE PURCHASED AND GIVEN TO INDIVIDUALS SEEKING SUBSTANCE USE TREATMENT IN THE OUTPATIENT AND JAIL SETTING. FUNDS ALSO HELPED THREE INDIVIDUALS TO PAY FEES TO CONTINUE IN SUBSTANCE USE TREATMENT WHEN FINANCIAL HARDSHIPS OCCURRED DUE TO COVID.

CO-PARENTING FOR SUCCESSFUL KIDS BENEFITED SEVEN PARTICIPANTS AT PLACE OF GRACE DESIGNED TO HELP FAMILIES COPE WITH DIVORCE AND CUSTODY. ONE HUNDRED PERCENT KNOWLEDGE INCREASE IN ALL AREAS: HOW CHILDREN ARE AFFECTED BY DIVORCE, WHAT I CAN DO TO HELP MY CHILD(REN) ADJUST TO DIVORCE, HOW TO USE "I" MESSAGES, AND HOW TO KEEP MY CHILD(REN) "OUT OF THE MIDDLE" OF CONFLICT. INTENDED BEHAVIOR CHANGE: 100 PERCENT INTEND TO HELP THEIR CHILD ADJUST TO DIVORCE BASED ON THEIR AGES AND STAGES, TO USE "I" MESSAGES MORE FREQUENTLY, TO STOP CRITICIZING THE OTHER PARENT IN FRONT OF THEIR CHILD(REN), TO USE STRATEGIES LEARNED IN CLASS TO KEEP THEIR CHILD(REN) "OUT OF THE MIDDLE" OF CONFLICT, TO DEVELOP AND FOLLOW A CHILD-FOCUSED CO-PARENTING PLAN, AND TO STOP ASKING THEIR CHILD(REN) TO RELAY MESSAGES TO THE OTHER PARENT. EIGHTY-FIVE PERCENT INTEND TO SEARCH FOR POSITIVES IN THEIR CHILD(REN)'S OTHER PARENT TO POINT OUT TO CHILD.

AN OVERDOSE AWARENESS DAY VIGIL TOOK PLACE ON AUGUST 31ST ON NATIONAL OVERDOSE AWARENESS DAY. OVER 120 PERSONS ATTENDED TO HONOR LOVED ONES LOST TO OVERDOSE, HEAR FROM PERSONS IMPACTED BY OVERDOSE, AND RECEIVE INFORMATION FROM LOCAL SUBSTANCE ABUSE PROVIDERS. INFORMATION WAS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROVIDED TO ALL ATTENDEES REGARDING LOCAL RESOURCES FOR PERSONS IN
RECOVERY AND THEIR LOVED ONES.

OTHER HEALTH NEEDS NOT BEING ADDRESSED:

A. DIABETES, CARDIOVASCULAR DISEASE, AND CANCER -- WHILE HUNTINGTON
MEMORIAL HOSPITAL, INC., DID NOT SELECT THESE CHRONIC DISEASES AS TOP
HEALTH PRIORITIES, OUR INTENT IS TO HELP TO PREVENT AND REDUCE THE
PRESENCE OF CHRONIC CONDITIONS SUCH AS THE AFOREMENTIONED DISEASES BY
ADDRESSING OBESITY THROUGH NUTRITION EDUCATION, INCREASED ACCESS TO
HEALTHY FOODS, ACTIVE LIVING PROGRAMS, AND EDUCATION ON OTHER HEALTHY
LIFESTYLE HABITS.

B. MATERNAL/INFANT/CHILD HEALTH -- PRENATAL CARE IS OFFERED BY
HUNTINGTON MEMORIAL HOSPITAL, INC., VIA THE BIRTH PLANNING PROGRAM. WIC
AND KIDS KAMPUS ALSO PROVIDE SERVICES.

C. HEALTHCARE ACCESS (COST AND QUALITY) -- HUNTINGTON MEMORIAL
HOSPITAL, INC., COLLABORATES WITH PARKVIEW PHYSICIANS GROUP (PPG) TO
PROVIDE THE MEDICAL COVERAGE NEEDED FOR THE COMMUNITY. IF AN INDIVIDUAL
DOES NOT HAVE A LOCAL PRIMARY CARE PHYSICIAN, THEY ARE PROVIDED WITH A
LIST OF THE LOCAL PHYSICIANS AND THEIR CONTACT NUMBERS. MATTHEW 25
HEALTH AND CARE, BASED IN FORT WAYNE, HAS A SATELLITE OFFICE IN THE
HUNTINGTON COMMUNITY TO WHICH PPG OFFICES AND THE HOSPITAL CAN REFER
PEOPLE WHO DO NOT HAVE HEALTH INSURANCE.

D. CHRONIC KIDNEY DISEASE -- MAJOR RISK FACTORS RELATED TO CHRONIC

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

KIDNEY DISEASE ARE DIABETES, HIGH BLOOD PRESSURE, AND AGE (60 AND OLDER). BY DECREASING OBESITY, THE HOSPITAL AND ITS COMMUNITY PARTNERS ARE WORKING TO ADDRESS SUCH RISK FACTORS.

E. ASTHMA -- PATHFINDER KIDS KAMPUS -- A HUNTINGTON MEMORIAL HOSPITAL, INC., FUNDED PARTNER -- PROVIDES KIDS KLINIC, WHICH ADDRESSES THE NEEDS OF CHILDREN WITH ASTHMA.

F. AGING - HUNTINGTON MEMORIAL HOSPITAL, INC., SUPPORTS PROGRAMMING THROUGH THE HUNTINGTON COUNTY COUNCIL ON AGING, A FUNDED PARTNER, WHICH IS INVOLVED WITH THE LOCAL HEALTH & WELLNESS COALITION.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

EQUITY IN A HOME OTHER THAN THE PATIENT OR GUARANTOR'S PRIMARY RESIDENCE.

PART I, LINE 6A:

THE RELATED ENTITIES OF PARKVIEW HEALTH SYSTEM, INC. (EIN 35-1972384); PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); DEKALB MEMORIAL HOSPITAL, INC. (EIN 35-1064295; PARK CENTER, INC. (EIN 35-1135451); AND PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) PREPARED A COMBINED REPORT TO THE COMMUNITY DETAILING COMMUNITY BENEFIT PROGRAMS AND SERVICES.

PART I, LINE 7:

PART I, LINE 7A

THE FINANCIAL ASSISTANCE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE FINANCIAL ASSISTANCE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES

Part VI Supplemental Information (Continuation)

TO DETERMINE THE COST OF SERVICES RENDERED.

PART I, LINE 7B

HUNTINGTON MEMORIAL HOSPITAL, INC. ACCEPTS ALL MEDICAID, MEDICAID MANAGED CARE, AND OUT-OF-STATE MEDICAID PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICAID PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICAID, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED MEDICAID COST REPORTED ON LINE 7B IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE MEDICAID CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF MEDICAID SERVICES RENDERED. THEN, THE COST OF MEDICAID SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR MEDICAID PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

PART I, LINE 7C

HUNTINGTON MEMORIAL HOSPITAL, INC. ACCEPTS ALL MEANS-TESTED PATIENTS FROM THE HEALTHY INDIANA PLAN (HIP) WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEANS-TESTED PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING HIP, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED HIP COST REPORTED ON LINE 7C IS CALCULATED UNDER THE COST TO

Part VI Supplemental Information (Continuation)

CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE HIP CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF HIP SERVICES RENDERED. THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR HIP PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

PART I, LINE 7E

AMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE.

PART I, LINE 7F

AMOUNTS PRESENTED ARE BASED UPON ACTUAL SPEND AND ARE IN CONFORMITY WITH AGREED UPON COMMITMENTS WITH THE VARIOUS EDUCATIONAL PROGRAMS.

PART I, LINE 7G

AMOUNTS PRESENTED DO NOT INCLUDE ANY COSTS ASSOCIATED WITH PHYSICIAN CLINICS.

PART I, LINE 7I

IN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, HUNTINGTON MEMORIAL HOSPITAL, INC. CONTINUES ITS TRADITION OF CONTRIBUTING TO NUMEROUS ORGANIZATIONS ON BOTH AN AS-NEEDED BASIS AND NEGOTIATED BASIS. AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO ORGANIZATIONS THROUGHOUT OUR COMMUNITIES.

PART I, LN 7 COL(F):

PERCENT OF TOTAL EXPENSE

Part VI Supplemental Information (Continuation)

HUNTINGTON MEMORIAL HOSPITAL, INC. EXCLUDED \$7,445,946 OF PH CLINICAL SUPPORT EXPENSE.

PART III, LINE 2:

FOR FINANCIAL STATEMENT PURPOSES, THE ORGANIZATION HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE.

PART III, LINE 4:

BAD DEBT EXPENSE - PARKVIEW HEALTH SYSTEM, INC. AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE OR THE PAGE NUMBER ON WHICH THIS FOOTNOTE IS CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS:

PAGES 12 AND 23 - 26 OF ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8:

COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS

SUBSTANTIAL SHORTFALLS TYPICALLY ARISE FROM PAYMENTS THAT ARE LESS THAN THE COST TO PROVIDE THE CARE OR SERVICES AND DO NOT INCLUDE ANY AMOUNTS RELATING TO INEFFICIENT OR POOR MANAGEMENT. HUNTINGTON MEMORIAL HOSPITAL, INC. ACCEPTS ALL MEDICARE PATIENTS, AS REFLECTED ON THE YEAR-END MEDICARE COST REPORT, WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL

Part VI Supplemental Information (Continuation)

REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. HOWEVER, MEDICARE PAYMENTS REPRESENT A PROXY OF COST CALLED THE "UPPER PAYMENT LIMIT." IT HAS HISTORICALLY BEEN ASSUMED THAT UPPER PAYMENT LIMIT PAYMENTS DO NOT GENERATE A SHORTFALL. AS A RESULT, HUNTINGTON MEMORIAL HOSPITAL, INC. HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. HUNTINGTON MEMORIAL HOSPITAL, INC. RECOGNIZES THAT THE SHORTFALL OR SURPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS. AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION.

PART III, LINE 9B:

A PATIENT'S FAILURE TO MAKE PAYMENT ARRANGEMENTS THROUGH VARIOUS AVAILABLE PAYMENT OPTIONS OR FAILURE TO APPLY FOR AND RECEIVE APPROVAL UNDER THE FINANCIAL ASSISTANCE POLICY MAY RESULT IN THE ACCOUNT BEING REFERRED TO A COLLECTION AGENCY DUE TO NON-PAYMENT. THE COLLECTION AGENCY MAY REPORT THE ACCOUNT TO ONE OR ALL THREE CREDIT REPORTING AGENCIES, WHICH MAY ADVERSELY AFFECT THE PATIENT'S CREDIT SCORE.

A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE APPLICATION PERIOD, EVEN IF THE ACCOUNT HAS BEEN PLACED WITH A COLLECTION AGENCY. IF AN INDIVIDUAL SUBMITS A COMPLETE FINANCIAL ASSISTANCE

Part VI Supplemental Information (Continuation)

APPLICATION DURING THE APPLICATION PERIOD, AND PARKVIEW HEALTH DETERMINES THE INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THEN PARKVIEW HEALTH WILL TAKE ALL REASONABLE AVAILABLE MEASURES TO REVERSE ANY EXTRAORDINARY COLLECTION ACTION (EXCEPT FOR A SALE OF DEBT) TAKEN AGAINST THE INDIVIDUAL TO OBTAIN PAYMENT FOR THE CARE. ALSO, IF AN INDIVIDUAL SUBMITS AN INCOMPLETE FINANCIAL ASSISTANCE APPLICATION DURING THE APPLICATION PERIOD, PARKVIEW WILL SUSPEND ANY EXTRAORDINARY COLLECTION ACTIONS AGAINST THE INDIVIDUAL (WITH RESPECT TO CHARGES TO WHICH THE FINANCIAL ASSISTANCE APPLICATION UNDER REVIEW RELATES) UNTIL THE FINANCIAL ASSISTANCE APPLICATION HAS BEEN PROCESSED AND AN ELIGIBILITY DECISION RENDERED.

PART VI, LINE 2:

DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES, IN ADDITION TO ANY CHNAS REPORTED IN PART V, SECTION B.

IN ADDITION TO COMPLETING A COMMUNITY HEALTH NEEDS ASSESSMENT ON A TRIENNIAL BASIS, PARKVIEW HEALTH SYSTEM, INC., INCLUDING HUNTINGTON MEMORIAL HOSPITAL, INC., ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES THROUGH PRIMARY AND SECONDARY DATA ANALYSIS, WORKING WITH THE ORGANIZATION'S COMMUNITY PARTNERS, AND ITS FRONTLINE STAFF.

- DATA COLLECTION FROM COMMUNITY HEALTH WORKERS
- HEALTHY COMMUNITIES INSTITUTE (HCI) SECONDARY DATA
- MEETING WITH COMMUNITY PARTNERS
- OBSERVATIONS FROM FRONTLINE STAFF WORKING WITH VULNERABLE POPULATIONS
- REVIEW OF CHNA CONDUCTED BY LOCAL ORGANIZATIONS

Part VI Supplemental Information (Continuation)

HOSPITAL REPRESENTATIVES MAINTAIN ONGOING RELATIONSHIPS THROUGHOUT THE COMMUNITY AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION OF IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF THE COMMUNITY WE SERVE.

PART VI, LINE 3:

DESCRIBE HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

SIGNAGE AND BROCHURES ARE POSTED AND AVAILABLE AT ALL HOSPITAL POINTS OF REGISTRATION AND IN THE EMERGENCY DEPARTMENT. PATIENTS ARE OFFERED PLAIN LANGUAGE SUMMARIES OF THE FINANCIAL ASSISTANCE POLICY DURING THE REGISTRATION PROCESS AND IN EACH FOLLOW UP STATEMENT SENT TO THE PATIENT. PATIENT STATEMENTS WILL INDICATE HOW A PATIENT CAN OBTAIN FINANCIAL ASSISTANCE APPLICATIONS AND WHO THEY CAN CONTACT FOR ASSISTANCE.

PART VI, LINE 4:

DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES.

HUNTINGTON MEMORIAL HOSPITAL, INC., PRIMARILY SERVES THE HUNTINGTON COUNTY COMMUNITIES OF HUNTINGTON, ANDREWS, MARKLE, MT. ETNA, ROANOKE AND WARREN.

ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE (2019), HUNTINGTON COUNTY HAD APPROXIMATELY 36,520 RESIDENTS, PRIMARILY WHITE (96.7 PERCENT), FOLLOWED BY HISPANIC (2.8 PERCENT) AND BLACK (.08 PERCENT). THE PERCENTAGE

Part VI Supplemental Information (Continuation)

OF THE COUNTY'S UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE WAS 2% PERCENT (2022). THE MEDIAN HOUSEHOLD INCOME IN HUNTINGTON COUNTY WAS \$54,286 (2016-2020). THE PERCENTAGE OF PEOPLE LIVING BELOW THE POVERTY LEVEL IN HUNTINGTON COUNTY WAS 11.1% (2016-2020). ACCORDING TO STATS INDIANA, THE EMPLOYMENT AND EARNINGS BY INDUSTRY WAS HEAVILY MANUFACTURING-BASED (25.6 PERCENT) FOLLOWED BY HEALTHCARE/SOCIAL SERVICES (12.1 PERCENT) AND RETAIL TRADE (9.2 PERCENT).

THE POPULATION OF HUNTINGTON COUNTY THAT ARE UNINSURED IS 10% PERCENT ACCORDING TO COUNTY HEALTH RANKINGS (2019). ACCORDING TO WWW.DATAUSA.IO. OF THOSE WITH INSURANCE, 10.4 PERCENT ARE ON MEDICAID.

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION DIMENSIONS DATABASE, HUNTINGTON MEMORIAL HOSPITAL, INC., HAD 23.6% OF INPATIENT DISCHARGES THAT WERE MEDICAID PATIENTS AND 2.1% WERE SELF-PAY. FOR OUTPATIENT PROCEDURES, 21.1% WERE MEDICAID PATIENTS, AND 2.8% WERE SELF-PAY (2021) HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), AN AGENCY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, DEVELOPS SHORTAGE DESIGNATION CRITERIA INTENDED TO IDENTIFY A GEOGRAPHIC AREA, POPULATION GROUP OR FACILITY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) OR A MEDICALLY UNDERSERVED AREA OR POPULATION (MUA/P).

HRSA HAS DESIGNATED THE FOLLOWING:

1) COUNTIES: HUNTINGTON, KOSCIUSKO, MARSHALL, WABASH AND WHITLEY COUNTY

DISCIPLINE: MENTAL HEALTH

HPSA ID: 7186918305

HPSA NAME: MENTAL HEALTH CATCHMENT AREA 28 - WARSAW

DESIGNATION TYPE: GEOGRAPHIC HPSA

Part VI Supplemental Information (Continuation)

HPSA FTE SHORT: 11.02

HPSA SCORE: 17

STATUS: DESIGNATED

RURAL STATUS: PARTIALLY RURAL

PART VI, LINE 5:

PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E.G. OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC.).

THE HUNTINGTON MEMORIAL HOSPITAL, INC., BOARD OF DIRECTORS COMPRISES INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON HUNTINGTON MEMORIAL HOSPITAL, INC., TO BE STANDING BY WITH EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR. THE EMERGENCY DEPARTMENT IS STAFFED WITH BOARD-CERTIFIED EMERGENCY CARE PHYSICIANS AND A NURSING STAFF THAT IS TRAINED AND EXPERIENCED IN EMERGENCY CARE. FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY.

ADDITIONALLY, HUNTINGTON MEMORIAL HOSPITAL, INC., FUNDS COMMUNITY HEALTH IMPROVEMENT INITIATIVES AND PARTNERS WITH COMMUNITY ORGANIZATIONS TO ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF NORTHEAST INDIANA. KEY PROJECTS AND AREAS OF FOCUS FUNDED THROUGH THE COMMUNITY HEALTH IMPROVEMENT INITIATIVES AND OTHER HOSPITAL FUNDS INCLUDE:

Part VI Supplemental Information (Continuation)

-CANCER SERVICES OF HUNTINGTON COUNTY HELPED 24 CLIENTS IN 2021 (19 OF WHICH WERE NEW TO THEIR PROGRAM) WITH REGARD TO MILEAGE REIMBURSEMENT AND PRESCRIPTION DRUG ASSISTANCE.

-CANCER SERVICES OF NORTHEAST INDIANA SERVED 213 CLIENTS IN 2021 DISTRIBUTING HEALTHCARE SUPPLIES, WIGS, HATS, SCARVES, NUTRITIONAL SUPPLEMENTS, AND DURABLE MEDICAL EQUIPMENT ITEMS. EDUCATION AND WELLNESS PROGRAMMING INCLUDED BUT WAS NOT LIMITED TO SUPPORT GROUPS, FINANCIAL COACHING, NUTRITION, MASSAGE, TAI CHI, YOGA, AND STRETCHING.

-THE HUNTINGTON COUNTY COUNCIL ON AGING PROVIDED 96.5% OF TRANSPORTATION REQUESTED AND PROVIDED 30,769 TRIPS IN 2021.

-HUNTINGTON MEMORIAL HOSPITAL, INC. HOURLY AND SALARIED STAFF MEMBERS SUPPORTED THE HUNTINGTON COUNTY COVID VACCINE CLINIC IN 2021 LOGGING 261.5 HOURS.

-HUNTINGTON MEMORIAL HOSPITAL, INC. TEAM MEMBERS LOGGED OVER 200 HOURS SERVING ON PROJECTS AND ADVISORY BODIES FOR THE FOLLOWING: PATHFINDER SERVICES, EMPOWERING HUMANITIES, YOUTH SERVICES BUREAU, HEALTHY FAMILIES, NORTHERN INDIANA LACTATION CONSULTANT ASSOCIATION, UNITED WAY OF HUNTINGTON COUNTY, LOVE INC, KIDS CAMPUS HEALTH, TEEN SUICIDE PREVENTION TASK FORCE, SPECIAL OLYMPICS, HUNTINGTON COUNTY HEALTH AND WELLNESS COALITION AND FOOD RESOURCE GROUPS, AND PLACE OF GRACE.

PART VI, LINE 6:

IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING

Part VI Supplemental Information (Continuation)

THE HEALTH OF THE COMMUNITIES SERVED.

PARKVIEW HEALTH SYSTEM, INC. (PARKVIEW), A HEALTHCARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC.: COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.; COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.; PARKVIEW WABASH HOSPITAL, INC.; WHITLEY MEMORIAL HOSPITAL, INC.; HUNTINGTON MEMORIAL HOSPITAL, INC.; DEKALB MEMORIAL HOSPITAL, INC.; PARK CENTER, INC, AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC.

THE CORPORATE MISSION AND VISION IS AS FOLLOWS: AS A COMMUNITY OWNED, NOT-FOR-PROFIT ORGANIZATION, PARKVIEW HEALTH IS DEDICATED TO IMPROVING YOUR HEALTH AND INSPIRING YOUR WELL-BEING BY: 1) TAILORING A PERSONALIZED HEALTH JOURNEY TO ACHIEVE YOUR UNIQUE GOALS; 2) DEMONSTRATING WORLD-CLASS TEAMWORK AS WE PARTNER WITH YOU ALONG THAT JOURNEY; 3) PROVIDING THE EXCELLENCE, INNOVATION AND VALUE YOU SEEK IN TERMS OF CONVENIENCE, COMPASSION, SERVICE, COST AND QUALITY; AND 4)"EXCELLENT CARE, EVERY PERSON, EVERY DAY."

EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH ACTIVITIES CUSTOMIZED TO MEET THE UNIQUE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES. AFFILIATE HOSPITALS ALSO WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED. FROM THE LIST OF HEALTH ISSUES IDENTIFIED IN THE SEVEN-COUNTY AREA, THE HEALTH PRIORITY OF SUBSTANCE USE DISORDER/MENTAL HEALTH PROMOTION WAS SELECTED BY ALL AFFILIATE HOSPITALS.

Part VI Supplemental Information (Continuation)

PARKVIEW CONTRIBUTES TO THE OVERALL SUCCESS OF THE REGION THROUGH SIGNIFICANT INVOLVEMENT IN THE COMMUNITIES WE SERVE. BY DEVELOPING VARIOUS PARTNERSHIPS AND ALIGNMENTS WITH DIFFERENT SECTORS AND ORGANIZATIONS, PARKVIEW HELPS TO BENEFIT THE ECONOMY, QUALITY OF LIFE AND HEALTH/WELL-BEING ACROSS THE REGION. WITH A CONSISTENT FOCUS ON OUR MISSION AND VISION, WE WORK TO PROVIDE THE BEST CARE TO EVERY PERSON, EVERY DAY WITHIN OUR FACILITIES WHILE SERVING AS GOOD STEWARDS OF SURPLUS FUNDS IN OUR EFFORTS TO POSITIVELY IMPACT COMMUNITY HEALTH STATUS.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:
IN

PART VI, LINE 7 CONT'D:

A COPY OF FORM 990, SCHEDULE H IS FILED WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

PART V, SECTION B, LINE 19:

DISCLOSURE STATEMENT FOR CORRECTION SECTION 501(R) OMISSIONS, ERRORS AND OTHER FAILURES PURSUANT TO INTERNAL REVENUE SERVICE REVENUE PROCEDURE 2015-21.

IN JANUARY AND FEBRUARY 2021, THE ORGANIZATION'S INTERNAL AUDIT DEPARTMENT PERFORMED A COMPREHENSIVE REVIEW OF ALL APPLICABLE POLICIES AND PRACTICES UNDER SECTION 501(R) OF THE INTERNAL REVENUE CODE AND THE TREASURY REGULATIONS ISSUED THEREUNDER. THE AUDIT PERIOD WAS AUGUST 1, 2020, THROUGH DECEMBER 31, 2020. AS A RESULT OF THE AUDIT, MINOR POLICY CHANGES WERE MADE, AND MINOR PROCEDURAL CHANGES RELATED TO SECTION 501(R) COMPLIANCE WERE IMPLEMENTED.

Part VI Supplemental Information (Continuation)

ALSO, IT WAS DETERMINED THAT 55 PATIENT ACCOUNTS WERE PRESUMPTIVELY DETERMINED TO BE ELIGIBLE FOR LESS-THAN-100% FINANCIAL ASSISTANCE, WERE NOT NOTIFIED REGARDING THE WAY TO APPLY FOR MORE GENEROUS ASSISTANCE UNDER THE FAP AND WERE INADVERTENTLY SUBJECT TO ADVERSE CREDIT REPORTING. THE ADVERSE CREDIT REPORTING, HOWEVER, WAS IMMEDIATELY REMOVED IN MAY 2021. IN ADDITION TO THE FINANCIAL ASSISTANCE NOTIFICATION ON ALL PATIENT STATEMENTS, THE HOSPITAL FACILITY INSTITUTED PROCEDURES TO PROVIDE WRITTEN NOTICE TO PATIENTS WHO RECEIVE PARTIAL PRESUMPTIVE FINANCIAL ASSISTANCE THAT INFORMS THE INDIVIDUAL REGARDING THE BASIS FOR THE PRESUMPTIVE FAP ELIGIBILITY DETERMINATION AND THE WAY TO APPLY FOR MORE GENEROUS ASSISTANCE DURING THE APPLICATION PERIOD.